

Appellate Docket Number: 01-20-00568-CV Appellate Case Style: Sunil Kumar Metha and Mehta Investments, LTD. Vs. Mohammed Ahmed
Companion Case(s):

Amended/Corrected Statement ☐

DOCKETING STATEMENT (Civil)

Appellate Court: 1st Court of Appeals
 (to be filed in the court of appeals upon perfection of appeal under TRAP 32)
 FILED IN 1st COURT OF APPEALS HOUSTON, TEXAS
 8/24/2020 11:52:42 AM
 CHRISTOPHER A. PRINE
 Clerk

NOTE: Because space for additional parties / attorneys is limited on this form, you can include the information on a separate document. As per TRAP 32.1 and 9.4, please include party's name and the name, address, email address, telephone number, fax number, if any, and State Bar Number of the party's lead counsel. If the party is not represented by an attorney, that party's name, address, telephone number, fax number should be provided.

I. Appellant	II. Appellant Attorney(s) - Continued
<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Organization Name: Sunil Kumar Mehta and Mehta Investments, Ltd. <input type="checkbox"/> Pro Se If Pro Se Party, enter the following information: Address: City/State/Zip: Tel. Ext. Fax: Email:	<input checked="" type="checkbox"/> Lead Attorney Retained Attorney Name: Roger D. Townsend Bar No. 20167600 Firm/Agency: Cokinos Young Address 1: 1221 Lamar Street, 16th Floor Address 2: City/State/Zip: Houston, Texas 77010 Tel. (713) 535-5500 Ext. Fax: (713) 535-5533 Email: rtownsend@cokinoslaw.com
II. Appellant Attorney(s) <input type="checkbox"/> Lead Attorney Retained Attorney Name: Stephen Cagle, Jr. Bar No. 24045596 Firm/Agency: Winstead PC Address 1: 600 Travis Street, Suite 5200 Address 2: City/State/Zip: Houston, Texas 77002 Tel. (713) 650-2759 Ext. Fax: Email: scagle@winstead.com	<input type="checkbox"/> Lead Attorney Retained Attorney Name: Kathleen Banks Bar No. 24092114 Firm/Agency: Winstead PC Address 1: 600 Travis Street, Suite 5200 Address 2: City/State/Zip: Houston, Texas 77002 Tel. (713) 650-2759 Ext. Fax: Email: kbanks@winstead.com
<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

III. Appellee	IV. Appellee Attorney(s) - Continued
<p><input checked="" type="checkbox"/> Person <input type="checkbox"/> Organization</p> <p>Name: Mohammed Ahmed</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input checked="" type="checkbox"/> Lead Attorney Retained Attorney</p> <p>Name: Peter Scaff</p> <p>Bar No. 24027837</p> <p>Firm/Agency: Brandley Arant Boulton Cummings LLP</p> <p>Address 1: 600 Travis Street, Suite 4800</p> <p>Address 2:</p> <p>City/State/Zip: Houston, Texas 77002</p> <p>Tel. (713) 576-0372 Ext. Fax:</p> <p>Email: pscaff@bradley.com</p>
IV. Appellee Attorney(s)	
<p><input type="checkbox"/> Lead Attorney Retained Attorney</p> <p>Name: Mary Frazier</p> <p>Bar No. 24054592</p> <p>Firm/Agency: Bradley Arant Boulton Cummings LLP</p> <p>Address 1: 600 Travis Street, Suite 4800</p> <p>Address 2:</p> <p>City/State/Zip: Houston, Texas 77002</p> <p>Tel. (713) 576-0372 Ext. Fax:</p> <p>Email: mfrazier@bradley.com</p>	<p><input type="checkbox"/> Lead Attorney Retained Attorney</p> <p>Name: Philip Morgan</p> <p>Bar No. 24069008</p> <p>Firm/Agency: Bradley Arant Boulton Cummings LLP</p> <p>Address 1: 600 Travis Street, Suite 4800</p> <p>Address 2:</p> <p>City/State/Zip: Houston, Texas 77002</p> <p>Tel. (713) 576-0372 Ext. Fax:</p> <p>Email: pmorgan@bradley.com</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject matter or type of case): Corporation & Partnership

Date Order or Judgment signed: 05/12/2020

Type of Judgment: Jury Trial

Date Notice of Appeal filed in Trial Court: 08/07/2020

If mailed to the Trial Court clerk, also give the date mailed:

Interlocutory appeal of appealable order: ☐ Yes ☒ No

If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):

Accelerated Appeal (See TRAP 28): ☐ Yes ☒ No

If yes, please specify statutory or other basis on which appeal is accelerated:

Parental Termination or Child Protection? (See TRAP 28.4): ☐ Yes ☒ No

Permissive? (See TRAP 28.3): ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule? ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Does this case involve an amount under \$100,000? ☐ Yes ☒ No

Judgment or Order disposes of all parties and issues? ☒ Yes ☐ No

Appeal from final judgment? ☒ Yes ☐ No

Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? ☐ Yes ☒ No

VI. Actions Extending Time to Perfect Appeal

Motion for New Trial: ☒ Yes ☐ No If yes, date filed: 06/09/2020

Motion to Modify Judgment: ☒ Yes ☐ No If yes, date filed: 06/09/2020

Request for Findings of Fact and Conclusions of Law:

☐ Yes ☐ No If yes, date filed:

Motion to Reinstate: ☐ Yes ☐ No If yes, date filed:

Motion under TRCP 306a: ☐ Yes ☐ No If yes, date filed:

Other: ☐ Yes ☐ No

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Statement and copy of the trial court order.)

Was Statement of Inability to Pay Court Costs filed in the trial court? ☐ Yes ☒ No
If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court? ☐ Yes ☒ No
If yes, date filed:

Was there any hearing on appellant's ability to afford court costs? ☐ Yes ☒ No
Hearing Date:

Did trial court sign an order under Texas Rule of Civil Procedure 145? ☐ Yes ☒ No
Date of Order:

If yes, trial court finding: ☐ Challenge Sustained ☐ Overruled

VIII. Bankruptcy

Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal?
☐ Yes ☒ No

If yes, please attach a copy of the petition.

Date bankruptcy filed:

Bankruptcy Case Number:

IX. Trial Court and Record

Court: 295th
County: Harris
Trial Court Docket No. (Cause No.):
2017-84654
Trial Court Judge (who tried or disposed of the case):
Name: Honorable Judge Donna Roth
Address 1: 201 Caroline, 14th Floor
Address 2:
City/State/Zip: Houston, Texas 77002
Tel. (832) 927-1375 Ext. Fax:
Email:

Clerk's Record

Trial Court Clerk: ☒ District ☐ County
Was Clerk's record requested? ☒ Yes ☐ No
If yes, date requested: 08/07/2020
If no, date it will be requested:
Were payment arrangements made with clerk?
☒ Yes ☐ No ☐ Indigent
(Note: No request required under TRAP 34.5(a),(b).)

IX. Trial Court and Record - Continued**Reporter's or Recorder's Record**

Is there a Reporter's Record? ☒ Yes ☐ No

Was Reporter's Record requested? ☒ Yes ☐ No

If yes, date requested: 08/07/2020

If no, date it will be requested:

Was the Reporter's Record electronically recorded? ☐ Yes ☒ No

Were payment arrangements made with the court reporter/court recorder? ☒ Yes ☐ No ☐ Indigent

☒ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name: Carl R. Browning

Address 1: 201 Caroline, 14th Floor

Address 2:

City/State/Zip: Houston, Texas 77002

Tel. (832) 927-1378 Ext. Fax:

Email: carl_browning@justex.net

☐ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

X. Supersedeas Bond

Supersedeas bond filed? ☒ Yes ☐ No

If yes, date filed: 07/21/2020

If no, will file? ☐ Yes ☐ No

XI. Extraordinary Relief

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? ☐ Yes ☐ No

If yes, briefly state the basis for your request:

XII. Alternative Dispute Resolution/Mediation

(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)

Should this appeal be referred to mediation? ☐ Yes ☒ No

If no, please specify:

Has this case been through an ADR procedure? ☐ Yes ☒ No

If yes, who was the mediator?

What type of ADR procedure?

At what stage did the case go through ADR? ☐ Pre-Trial ☐ Post-Trial ☐ Other

If other, please specify:

Type of Case? Corporation & Partnership

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

Absence of a partnership; no basis for unjust enrichment; no fraud; insufficient proof of damages caused by appellant. Most will be de novo; sufficiency will be both legal and factual.

How was the case disposed of? Final judgment on jury verdict

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages: \$ 1,586,000.00

Punitive (or similar) damages: \$ 0.00

Attorney's fees (trial): \$ 0.00

Attorney's fees (appellate): \$ 0.00

Other: \$ 190,319.96

If other, please specify: prejudgment interest

Will you challenge this Court's jurisdiction? ☐ Yes ☒ No

Does judgment have language that one or more parties "take nothing"? ☐ Yes ☒ No

Does judgment have a Mother Hubbard clause? ☒ Yes ☐ No

Other basis for finality:

XII. Alternative Dispute Resolution/Mediation - Continued**(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)**Rate the complexity of the case (use 1 for least and 5 for most complex): ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5Please make my answer to the preceding questions known to other parties in this case? ☒ Yes ☐ NoCan the parties agree on an appellate mediator? ☐ Yes ☒ No

If yes, please give the name, address, telephone, fax, and email address:

Name: Address: Telephone: Ext. Fax: Email:

Languages other than English in which the mediator should be proficient:

Name of the person filling out mediation section of docketing statement:

 Roger Townsend**XIII. Related Matters**

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

XIV. Pro Bono Program:

(Complete section if filing in the 1st, 2nd, 3rd, 5th, 7th, 13th or 14th Court of Appeals.)

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at <http://www.tex-app.org>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program? ☐ Yes ☒ No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal? ☐ Yes ☒ No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

If you have not previously filed a Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? ☒ Yes ☐ No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

Are you willing to disclose your financial circumstances to the Pro Bono Committee? ☐ Yes ☒ No

If yes, please attach a Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).

Absence of a partnership; no basis for unjust enrichment; no fraud; insufficient proof of damages caused by appellant. Most will be de novo; sufficiency will be both legal and factual.

XV. Signature

Date _____

Printed Name

State Bar No.

Electronic Signature (Optional)

Name

XVI. Certificate of Service

Electronic Signature (Optional)

State Bar No.

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:

Date Served: 08/24/2020
Manner Served: eServe
Name: Peter Scaff
Bar No. 24027837
Firm/Agency: Bradley Arant Boult Cummings LLP
Address 1: 600 Travis Street, Suite 4800
Address 2:
City/State/Zip: Houston TX 77002
Tel. (713) 576-0372 Ext. Fax: (713) 576-0301
Email: pscaff@bradley.com
Party: Appellee

Date Served:
Manner Served: Select
Name:
Bar No.
Firm/Agency:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext. Fax:
Email:
Party:

Date Served:
Manner Served: Select
Name:
Bar No.
Firm/Agency:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext. Fax:
Email:
Party:

Date Served:
Manner Served: Select
Name:
Bar No.
Firm/Agency:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext. Fax:
Email:
Party:

Date Served:
Manner Served: Select
Name:
Bar No.
Firm/Agency:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext. Fax:
Email:
Party:

Please enter the following for each person served that is not an attorney for a party:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
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Address 2:
City/State/Zip:
Tel. Ext.
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City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Automated Certificate of eService

This automated certificate of service was created by the eFiling system. The filer served this document via email generated by the eFiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Tammy Boshears on behalf of Roger Townsend
Bar No. 20167600
tboshears@cokinoslaw.com
Envelope ID: 45633291
Status as of 8/24/2020 12:33 PM CST

Associated Case Party: Mohammed Ahmed

Name	BarNumber	Email	TimestampSubmitted	Status
Philip Morgan	24069008	pmorgan@bradley.com	8/24/2020 11:52:42 AM	SENT
Mary Frazier	24054592	mfrazier@bradley.com	8/24/2020 11:52:42 AM	SENT
Peter Scaff	24027837	pscaff@bradley.com	8/24/2020 11:52:42 AM	SENT

Associated Case Party: SunilKumarMehta

Name	BarNumber	Email	TimestampSubmitted	Status
Stephen Cagle	24045596	scagle@winstead.com	8/24/2020 11:52:42 AM	SENT
Kathleen Banks	24092114	kbanks@winstead.com	8/24/2020 11:52:42 AM	SENT
Roger Townsend		rtownsend@cokinoslaw.com	8/24/2020 11:52:42 AM	SENT

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Tammy Boshears		tboshears@cokinoslaw.com	8/24/2020 11:52:42 AM	SENT